



This section provides step-by-step procedures for these transactions:

- Eligibility Verification
- Share of Cost
- Medi-Services

Each section will detail the procedures to be followed to complete a transaction. Following each procedure will be the screen prompt with sample information entered.

If you have questions regarding the operation of the POS device, call the EDS POS/Internet Help Desk at 1-800-427-1295.

Typical Transaction

A typical transaction will include the following actions:

- Pressing the appropriate keys to get to the desired transaction
- Entering required information
- Pressing “1” (SEND), “2” (RE-EDIT), or “3” (CANCEL)

Note: The procedures for verifying eligibility vary slightly. See “Eligibility Verification” on a following page in this section.

After entering the required information, the following “SEND” menu will be displayed:

1: SEND	2: RE-EDIT
3: CANCEL	

Choosing “SEND”

If you choose to “SEND”, the POS device will dial the Medi-Cal Host computer and send the transaction. After the transaction is processed, the host will send the response to the POS device. The POS device will display the Host’s reply message. If the message is too long to fit into one screen, use the <ENTER> or down arrow <↓> key to scroll through the entire message. After reading the entire message, press <CANCEL> to continue. If you wish to print the response, just press <CTL> <P> or <F12> and the transaction and response will be printed.

Choosing “RE-EDIT”

If you choose “RE-EDIT”, you can make changes to any of the information you just entered. The POS device will then display each field and the information you entered. To get to the next field, just press <ENTER> until you come to the field you want to change. Once all fields are correct, keep pressing <ENTER> until the “SEND” menu (see above) is displayed.

ELIGIBILITY VERIFICATION

Procedures

If you swipe a Benefits Identification Card (BIC) through the device, the recipient's information coded on the magnetic stripe will appear in the appropriate fields. To accept this information, press <ENTER>.

If you do not swipe the BIC, enter the requested information and press <ENTER>.

Swipe the recipient's BIC through the device. The screen will display the following:

**PRESS FUNCTION KEY
TO START TRANSACTION**

Press <ELIG> to initiate an eligibility transaction. If you have not swiped a BIC through the device, press <ELIG> to initiate a transaction from the "Welcome to Medi-Cal" screen. You will then see the following screen. Press "1" (ELIGIBILITY) to begin an eligibility verification transaction.

**1: ELIGIBILITY
2: CANCEL**

Provider Number

The POS device will then prompt you to enter your provider number. Enter your provider number and press <ENTER> or enter the shortcut key and press <ENTER> twice. (Shortcut keys are explained in the *POS: Software Maintenance Functions* section in this user guide.)

**PROVIDER NUMBER
XXX456780**

PIN

The POS device will then prompt you to enter your Provider Identification Number (PIN). Enter your PIN and press <ENTER>. (The POS device will display asterisks instead of your PIN for security reasons.)

PIN:

Recipient ID Number

You will then be prompted to enter the recipient ID number. Press <ENTER> to accept the number shown or enter the correct number and press <ENTER>.

RECIPIENT ID:**9876543210**

Birth Year and Month

You will then be prompted to enter the recipient's birth year and month. Press <ENTER> to accept the date shown or enter the correct date (CCYY-MM) and press <ENTER>.

Newborn Infant Using
Mother's ID

If you are verifying eligibility for a newborn infant billing on the mother's ID number, you must enter the mother's birth month and year at this prompt, not the infant's.

BIRTH YEAR & MONTH**1955-05**

Date of Issue

You will then be prompted to enter the date of issue (YY-MM-DD) shown on the BIC. Press <ENTER> to accept the date shown or enter the correct date and press <ENTER>.

DATE OF ISSUE
94-02-01

Date of Service

You will then be prompted to enter the date of service. The POS device will display today's date as a default. If a different date of service is needed, enter that date (YY-MM-DD) and press <ENTER>. If the default date is the correct date, press <ENTER>.

DATE OF SERVICE
94-03-15

Send Menu

The "SEND" menu will then be displayed. Press "1" (SEND) to send your eligibility transaction to the Medi-Cal Host computer. After the transaction is processed, the Medi-Cal Host will send a response.

1: SEND	2: RE-EDIT
3: SOC	4: M/S
	5: CANCEL

After you press "1" (SEND), the screen will display a message informing you that the POS device is processing your transaction and sending it to the Medi-Cal Host computer. When a response is received, you will hear two beeps and see the following screen:

RESPONSE RECEIVED
PRESS ENTER...

After hearing the two beeps, press <ENTER> to view the eligibility messages. Following is an example of the type of messages you might receive (two lines per screen). Press <ENTER>, <↓> or <↑> to scroll to the next screen. Press <CTL> <P> or <F12> to print the response.

Sample Eligibility Messages

LAST NAME: ABCDEF
EVC #: R100780022

CNTY CODE: 02.
PRIMARY AID CODE

58. 2ND SPECIAL AID CODE:
74. MEDI-CAL COVERS

EMERGENCY/PREGNANCY
RELATED MEDICAL SVCS

W/NO SHARE OF COST.
MEDI-CAL COVERS

EMERGENCY SVCS W/NO
SHARE OF COST

No Recorded Eligibility

If you receive a message that states “NO RECORDED ELIGIBILITY FOR (MONTH) (YEAR)”, verify that the information entered was correct before denying Medi-Cal services to the recipient.

Other Options

Pressing “2” (RE-EDIT) will allow you to make changes to any of the information you just entered. The POS device will display each field and the information you entered. To get to the next field, just press <ENTER> or <CTL> <↑> or <↓> until you come to the field you want to change. If at any time you press <CANCEL> to cancel out of the re-edit, and one or more fields have been changed, the following prompt will be displayed:

FIELDS MODIFIED

CONTINUE (Y/N)?

Pressing “Y” will return you to the “SEND” menu. Pressing “N” will allow you to continue re-editing the transaction.

Once all fields have been verified and are correct, keep pressing <ENTER> until the “SEND” menu is displayed.

SHARE OF COST

Procedures

If you swipe a Benefits Identification Card (BIC) through the device, the recipient's information coded on the magnetic stripe will appear in the appropriate fields. To accept this information, press <ENTER>.

If you do not swipe the BIC, you must enter the requested information and press <ENTER>.

Swipe the recipient's BIC through the device. The screen will display the following:

**PRESS FUNCTION KEY
TO START TRANSACTION**

Press <SOC> to initiate a Share of Cost transaction. If you have not swiped a BIC through the device, press <SOC> to initiate a transaction from the "Welcome to Medi-Cal" screen. Press "1" (SOC) to clear Share of Cost liability. Press "2" (REVERSE) to reverse a previous SOC clearance.

1: SOC	2: REVERSE
3: CANCEL	

Provider Number

The POS device will then prompt you to enter your provider number. Enter your provider number and press <ENTER> or enter the shortcut key and press <ENTER> twice. (Shortcut keys are explained in the *POS: Software Maintenance Functions* section of this user guide.)

PROVIDER NUMBER:
XXX456780

PIN

The POS device will then prompt you to enter your Provider Identification number (PIN). Enter your PIN and press <ENTER>. The POS device will display asterisks instead of your PIN for security reasons.

PIN:

Recipient ID Number

The POS device will then prompt you to enter the recipient ID number. Press <ENTER> to accept the number shown or enter the correct number and press <ENTER>.

RECIPIENT ID:
9876543210

Birth Year and Month

The POS device will then prompt you to enter the recipient's birth year and month. Press <ENTER> to accept the date shown or enter the correct date and press <ENTER>.

**Newborn Infant Using
Mother's ID**

If you are verifying eligibility for a newborn infant using the mother's ID number, you must enter the mother's birth year and month (CCYY-MM) at this prompt, not the infant's.

BIRTH YEAR & MONTH:**1955-05****Date of Issue**

The POS device will then prompt you to enter the date of issue (YY-MM-DD) shown on the BIC. Press <ENTER> to accept the date shown or enter the correct date and press <ENTER>.

DATE OF ISSUE:**94-02-01****Date of Service**

The POS device will then prompt you to enter the date of service (YY-MM-DD). The POS device will display today's date as a default. If a different date of service is needed, enter that date (YY-MM-DD) and press <ENTER>. If the default date is the correct date, simply press <ENTER>.

DATE OF SERVICE:**94-03-15****Case Number**

You will then be prompted to enter the case number. You will only have to enter a case number if the recipient is affected by the Sneede v. Kizer lawsuit and presents a *Share of Cost Case Summary* letter listing all the recipient's case numbers. For more information, please see the *Share of Cost (SOC)* section in the Part 1 section of your Medi-Cal provider manual.

Multiple Case Numbers

If the recipient has multiple case numbers, you must submit a separate SOC clearance transaction for each case number the recipient wants to clear.

Enter the case number and press <ENTER> or, if the recipient is not in multiple cases, press <SK> or <ENTER> to skip this field.

CASE NUMBER:

01123456701

Procedure Code

You will then be prompted to enter the procedure code (either a HCPCS, CPT-4, UB-92, NDC, UPC or HRI code). Enter the procedure code and press <ENTER>.

PROCEDURE CODE/NDC:

A9984

SOC Amount

You will then be prompted to enter the SOC amount. Enter the amount of Share of Cost to be cleared for the case number entered and press <ENTER>. If the recipient does not have multiple case numbers, press <SK> to skip this field.

Note: If you are entering a whole dollar amount (for example, \$25.00), you must enter zeros in the cents area or you will enter 25 cents instead of \$25.00. You can enter up to \$99,999.99 in this field.

SOC AMOUNT:

\$25.00

Total Billed Amount

You will then be prompted to enter the billed amount. Enter the usual and customary fee for the procedure code performed and press <ENTER>.

Note: If you are entering a whole dollar amount (for example, \$25.00), you must enter zeros in the cents area or you will enter 25 cents instead of \$25.00. You can enter up to \$99,999.99 in this field.

TOTAL BILLED AMOUNT:
\$25.00

Send Menu

The "SEND" menu will then be displayed:

1: SEND **2: RE-EDIT**
3: CANCEL

Press "1" (SEND) to send your SOC transaction to the Medi-Cal Host computer. After the transaction is processed, the Medi-Cal Host will send a response.

After you press "1" (SEND), the screen will display a message informing you that the POS device is processing your transaction and sending it to the Medi-Cal Host computer. When a response is received, you will hear two beeps and see the following screen:

RESPONSE RECEIVED:
PRESS ENTER . . .

After hearing the two beeps, press <ENTER> to view the SOC messages. Following is an example of the type of messages you might receive (two lines per screen). Press <ENTER>, <↓> or <↑> to scroll to the next screen. Press <CTL> <P> or <F12> to print the response.

Sample SOC Message

**AMOUNT DEDUCTED: \$25.00.
SHARE OF COST**

**REMAINING: \$100.00.
SHARE OF COST**

CLEARANCE APPLIED

**Sample SOC Reversal
Message**

**AMOUNT ADDED: \$25.00.
SHARE OF COST**

**REMAINING: \$125.00.
SHARE OF COST**

REVERSAL APPLIED

If you are unsure of the meaning of a message, refer to the appropriate section of your Medi-Cal provider manual or call the Provider Support Center (PSC) at 1-800-541-5555. Call the EDS POS/Internet Help Desk at 1-800-427-1295 if you have questions about how to operate this device.

Other Options

Pressing “2” (RE-EDIT) at the “SEND” menu will allow you to make changes to any of the information you just entered. The POS device will display each field and the information you entered. To get to the next field, just press <ENTER> or <CTL> <↑> or <↓> until you come to the field you want to change. If at any time you press <CANCEL> to cancel out of the re-edit, and one or more fields were changed, the following prompt will be displayed:

FIELDS MODIFIED

CONTINUE (Y/N)?

Pressing “Y” will return you to the “SEND” menu. Pressing “N” will allow you to continue re-editing the transaction.

Once all fields have been verified and are correct, keep pressing <ENTER> until the “SEND” menu is displayed.

MEDI-SERVICES

Procedures

Only certain providers can reserve and bill Medi-Services. Please see the *Eligibility: Recipient Identification* section in the Part 1 provider manual for instructions about when to reserve Medi-Services.

If you swipe a Benefits Identification Card (BIC) through the device, the recipient's information coded on the magnetic stripe will appear in the appropriate fields. To accept this information, press <ENTER>.

If you do not swipe the BIC, you must enter the requested information and press <ENTER>.

Swipe the recipient's BIC through the device. The screen will display the following:

**PRESS FUNCTION KEY
TO START TRANSACTION**

Press <MS> to initiate a Medi-Service transaction. If you have not swiped a BIC through the device, press <MS> to initiate a transaction from the "Welcome to Medi-Cal" screen. Press "1" (MEDI SERVICES) to begin a Medi-Service transaction. Press "2" (REVERSE) to reverse a previous Medi-Service reservation.

1: MEDI SERVICES
2: REVERSE **3: CANCEL**

Provider Number

The POS device will then prompt you to enter your provider number. Enter your provider number and press <ENTER> or enter the shortcut key and press <ENTER> twice. Shortcut keys are explained in the POS: *Software Maintenance Functions* section of this user guide.

PROVIDER NUMBER:**XXX456780**

PIN

The POS device will then prompt you to enter your Provider Identification number (PIN). Enter your PIN and press <ENTER>. The POS device will display asterisks instead of your PIN for security reasons.

PIN:*********

Recipient ID Number

The POS device will then prompt you to enter the recipient ID number. Press <ENTER> to accept the number shown or enter the correct number and press <ENTER>.

RECIPIENT ID:**9876543210**

Birth Year and Month

The POS device will then prompt you to enter the recipient's birth year and month. Press <ENTER> to accept the date shown or enter the correct date (CCYY-MM) and press <ENTER>.

Newborn Infant Using
Mother's ID

If you are reserving a Medi-Service for a newborn infant billing on the mother's ID number, you must enter the mother's birth month and year at this prompt, not the infant's.

BIRTH YEAR & MONTH:
1955-05

Date of Issue

The POS device will then prompt you to enter the date of issue (YY-MM-DD) shown on the BIC. Press <ENTER> to accept the date shown or enter the correct date and press <ENTER>.

DATE OF ISSUE:
94-02-01

Date of Service

The POS device will then prompt you to enter the date of service. The POS device will display today's date as a default. If a different date of service is needed, enter that date (YY-MM-DD) and press <ENTER>. If the default date is the correct date, simply press <ENTER>.

You can reserve a Medi-Service for any date within the current month or for previous months for recipients with retroactive eligibility.

DATE OF SERVICE:
94-03-15

Procedure Code

The POS device will then prompt you to enter the procedure code. Enter the procedure code and press <ENTER>.

PROCEDURE CODE:**A9984**

Send Menu

The "SEND" menu will then be displayed:

1: SEND**2: RE-EDIT****3: CANCEL**

After you press "1" (SEND), the screen will display a message informing you that the POS device is processing your transaction and sending it to the Medi-Cal Host computer. When a response is received, you will hear two beeps and see the following screen:

RESPONSE RECEIVED:**PRESS ENTER . . .**

After hearing the two beeps, press <ENTER> to view the Medi-Service reservation messages. Following are examples of the type of messages you might receive (two lines per screen). Press <ENTER> or <↓> to scroll to the next screen. Press <CTL> <P> or <F12> to print the response.

**Medi-Service Reservation
Applied****LAST NAME: ABCDEF****MEDI SVC RESERVATION****APPLIED**

**No More Medi-Service
Reservations Available**

**NO MORE MEDI SVC
AVAILABLE FOR (MONTH/YEAR)**

**MEDI SVC RESERVATION
REJECTED**

If the recipient has not yet cleared all of his or her Share of Cost liability, the Medi-Service reservation will be rejected.

If you are unsure of the meaning of a message, refer to the appropriate section of your Medi-Cal provider manual or call the Provider Support Center (PSC) at 1-800-541-5555. Call the EDS POS/Internet Help Desk at 1-800-427-1295 if you have questions about how to operate this device.

Other Options

Pressing "2" (RE-EDIT) will allow you to make changes to any of the information you just entered. The POS device will display each field and the information you entered. To get to the next field, just press <ENTER> or <CTL> <↑> or <↓> until you come to the field you want to change. If at any time you press <CANCEL> to cancel out of the re-edit, and one or more fields have been changed, the following prompt will be displayed:

**FIELDS MODIFIED
CONTINUE (Y/N)?**

Pressing "Y" will return you to the "SEND" menu. Pressing "N" will allow you to continue re-editing the transaction.

Once all fields have been verified and are correct, keep pressing <ENTER> until the "SEND" menu is displayed.